NH PUBLIC HEALTH LABORATORIES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 Hazen Drive Concord NH 03301, Telephone: 603-271-4661, Fax: 603-271-4783

LABORATORY TEST REQUISITION

SUBMITTER INFORMATION Facility Name: Address:			BILLING INFORMATION		
			Billing Account #:		
			ICD-9-CM Code:		
	State: Zip	1	CD-9-CW Code:		
Telephone No: Fax No.: Referring Physician:		l T	Patient Medicaid #: Or		
PATIENT INFORMA	TION	·			
Last Name:		First Nan	ne:		
ID #:			Age		
	State: Zip: _		Ethnicity:		
		Parent/G	uardian		
Patient Tel #					
Capillary whole bloodVenous whole blood Date of specimen colle	— Stool — Urine	_		pecify) er(specify)	
ESTS(S) REQUESTE	D (List is not all inclusive; o	call if you need other public	c health testing.)		
<u>CHEMISTRY</u> — Lead, blood	Chlamydia	MycologyCryptococcal antigen	SEROLOGY Symbilia DDD		
– Lead, 6100d – EP	— Amplified— Culture	— Cryptococcai antigen— Fungal culture	— Syphilis, RPR— Other (call lab for info)	LAB USE ONLY	
- Panel-EP & lead	Bacterial Culture	Fungal/TB panel	— " Premarital " State		
- Panel-ZPP & lead	— Pertussis panel	— ID of fungal isolate	— Syphilis, VDRL, CSF		
Lead, urineMercury, urine	Enteric screenID of bacterial isolate	Parasitology — Ova and parasites	— Syphilis Confirmatory— Hepatitis A IgM		
•	 Legionella culture 	— Cryptosporidium/ Giar			
IICROBIOLOGY	— Legionella DFA	— P. carinii DFA	— Hep B core antibody		
uberculosis/Mycobact. – TB smear/culture	— Antibiotic sus.— Culture, bacterial	Tissue Culture — Respiratory viruses	— Hep B core IgM— Hep B surface antibody		
- TB drug sus.	Serogrouping/Typing	— Influenza	Hep B surface antibodyHep B surface antigen		
 TB/fungal panel 	— Beta Strep	— Chlamydia	Hep C antibody		
 ID of isolate 	— E. coli 0157:Н7	— CMV	 Lyme Disease, screen 		
	— H. influenzae	— Herpes_	— Lyme Disease, West. Blot		
	 N. meningitidis 	*HIV requires authorized	— MMR panel		
 Amplified 	_		— Mumps		
AmplifiedCulture	— Salmonella	signature— HIV-1 EIA, incl WB o	1		
AmplifiedCultureConfirmation	_	— HIV-1 EIA, incl WB o— HIV-1 Western Blot	n+ — Rubella		
Gonorrhea — Amplified — Culture — Confirmation Inc. susceptibilities)	— Salmonella	— HIV-1 EIA, incl WB o	n + — Rubella — Rubella IgM		
AmplifiedCultureConfirmation	— Salmonella	— HIV-1 EIA, incl WB o	n+ — Rubella		

10/00

Signature of Physician or Authorized Person

Other Test Requested or Additional Comments and Remarks: